



San Miguel County  
Board of County Commissioners  
PO Box 1170  
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Telluride, CO. 81435  
970-728-3844  
bocc@sanmiguelcountyco.gov

Date Application received at County: \_\_\_\_\_

**San Miguel County**  
**AMBULANCE LICENSE APPLICATION**

**APPLICANT NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**DATE APPLICATION SUBMITTED:** \_\_\_\_\_

**DATE CURRENT LICENSE EXPIRES:** \_\_\_\_\_

\*All applications must have:

\_\_\_\_\_ Certificate of Motor Vehicle Condition Form (Completed for each vehicle).

\_\_\_\_\_ Ambulance Inspection for each Ambulance in use. (C.R.S. 25-3.5-301  
Section 12 – Minimum equipment to be carried on an Ambulance)

**List of Current ambulances:**

**1. AMBULANCE MAKE/YEAR:** \_\_\_\_\_

**BODY MANUFACTURER:** \_\_\_\_\_

**VIN#:** \_\_\_\_\_

**PRIMARY LOCATION OF AMBULANCE:** \_\_\_\_\_

**2. AMBULANCE MAKE/YEAR:** \_\_\_\_\_

**BODY MANUFACTURER:** \_\_\_\_\_

**VIN#:** \_\_\_\_\_

**PRIMARY LOCATION OF AMBULANCE:** \_\_\_\_\_

**3. AMBULANCE MAKE/YEAR:** \_\_\_\_\_

**BODY MANUFACTURER:** \_\_\_\_\_

**VIN#:** \_\_\_\_\_

**PRIMARY LOCATION OF AMBULANCE:** \_\_\_\_\_

**4. AMBULANCE MAKE/YEAR:** \_\_\_\_\_

**BODY MANUFACTURER:** \_\_\_\_\_

**VIN#:** \_\_\_\_\_

**PRIMARY LOCATION OF AMBULANCE:** \_\_\_\_\_

Attach additional sheets as necessary.